

Insight Guidance

5049 Swamp Rd, Suite 305, Doylestown, PA 18923

Billing and Insurance Acknowledgement

Thank you for choosing to receive your or your child's care from Insight Guidance. The rate for each individual session is \$175 and for a couples/family session is \$200.

We are a self-pay therapy service and not in-network for any insurance companies and as such, we require patients and/or identified responsible parties to pay up front for all services. These fees are nonrefundable after the completion of each appointment. Although you may receive reimbursement from your insurance company for some or all of the cost of care, you must identify who will provide payment at the time of service.

We accept cash, check or credit card (Through IVY Pay). Please be prepared to provide a form of payment at each appointment.

Who will be responsible for paying for services provided to you or your child by Insight Guidance?

Name: _____ (put "self" if you will be responsible)

Street Address: _____

City, State, Zip: _____

Phone: _____

Insurance reimbursement: Insight Guidance cannot guarantee that your insurance company will reimburse you for services provided. Refunds cannot be given for expenses not reimbursed by insurance. You must submit a request to your insurance company asking for reimbursement. Each insurance company's process is slightly different. If you would like your insurance company to reimburse you, you should visit your insurance company's website or contact them to learn how to request reimbursement. Most insurance companies have a form you can download from their website, complete, and submit to them. When you submit your reimbursement request, you must include proof that you received services. I can provide you that proof in the form of a specialized health care services receipt, called a Superbill. If you would like to submit a request for reimbursement to your insurance company for a service provided to you by Insight Guidance, please ask me to give you a Superbill for that service.

Signature _____ Date _____